

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Agnes Ball Town *Mason Springs* County *Charles*

Died at *Mason Springs* MARYLAND

Date of death 1909 Nov. 14 Age 1 Months 3 Days

Sex *Female* Color or Race *Colored* Birth-place *Mason Springs Md.*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *John Ball* Father's Birthplace *Westmoreland Co. Va.*

Mother's Maiden Name *Mary E. Matthews* Mother's Birthplace *Charles Co. Md.*

Name of person giving Information *John Ball* How related to Deceased *Father*

CAUSES OF DEATH

Primary *Meningitis - Bronch. pneumonia* How long *9 days*

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

*Geo. C. Bicknell
Kingsale,
Md.*

Accident or Suicidal

PHYSICIAN
OR CORONER



Name
in
Full

Betty Bruce Calvert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Newbury</u>		Town		County <u>Charles</u>		State <u>MARYLAND</u>	
Date of death <u>1909</u>	Month <u>Nov.</u>	Day <u>12</u>	Age <u>46</u>	Years	Months	Days	
Sex <u>Female</u>	Color or Race <u>African</u>	Birth-place <u>Charles Co</u>					
Occupation <u>House wife</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sylvester Calvert</u>						
Father's Name <u>Strom Bruce</u>	Father's Birthplace <u>Charles Co.</u>						
Mother's Maiden Name <u>Lusama Leigs</u>	Mother's Birthplace <u>Charles Co</u>						
Name of person giving Information <u>Sylvester Calvert</u>			How related to deceased <u>Husband</u>				

CAUSES OF DEATH

Primary <u>Typhoid Fever</u>	How long <u>3 weeks</u>
Immediate <u>Gut Failure</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. J. ...</u>
	Address <u>Bel Air</u>
Accident or Suicide	<u>Ind</u>

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

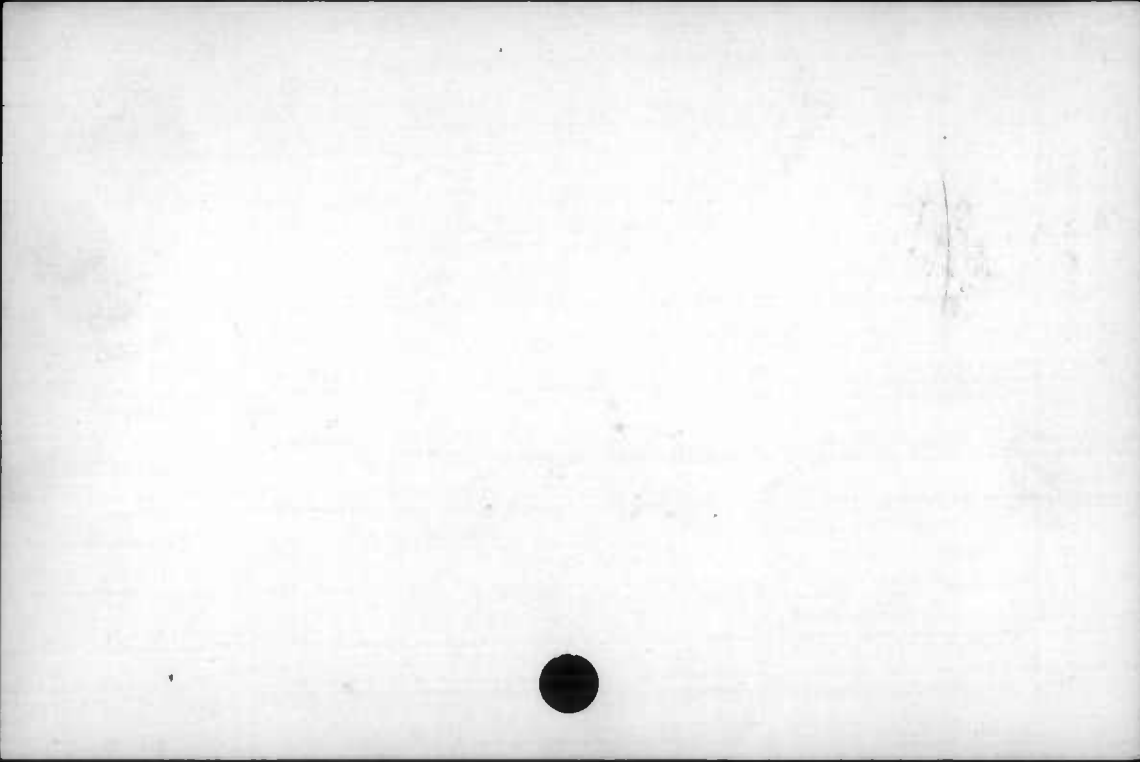
Name in Full <i>Annie Campbell</i>		Town <i>Newport</i>		County <i>Charles</i>		State <i>MARYLAND</i>	
Died at <i>Newport</i>		Month <i>Nov.</i>		Day <i>24</i>		Years <i>10</i>	
Date of death 190 <i>9</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>House work</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>Jack Campbell</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Rachael Whalen</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Jack Campbell</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>17 months</i>
Immediate <i>Hemorrhage</i>	How long <i>One hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Hamm M.D.</i>
<i>To best of my knowledge</i>	Address <i>Newport Md.</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

CERTIFICATE OF DEATH

Charlotte Chapman
Town *Cedar Point* County *Charles*

MARYLAND

Died at *Cedar Point*
Date of death *1909 11 1st* Age *73*

Sex *Female* Color or Race *Colored* Birth-place *Shiloh*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Warren Chapman*

Father's Name *Jack Mason* Father's Birthplace *Unknown*

Mother's Maiden Name *Betsy Jackson* Mother's Birthplace *Unknown*

Name of person giving Information *Paul Hurd* How related to deceased

CAUSES OF DEATH

Primary *General debility due to old age* How long *154* ✓

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *R. Hampton Cox*

Address

Sub Reg

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Allie Ann Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bel Alton Town Charles County MARYLAND

Date of death 190 9 Month Nov Day 16 Age 69 Years 9 Months 7 Days

Sex Female Color or Race African Birth-place Charles Co

Occupation None Where Residing if not at place of death _____

Married, Single or Widowed Widow Name of Wife or Husband Francis Clark

Father's Name Don't knowFather's Birthplace Don't knowMother's Maiden Name Don't knowMother's Birthplace Don't knowName of person giving Information Evel. ClarkHow related to deceased Son

CAUSES OF DEATH

Primary Cardiac Insuf.How long 9 monthsImmediate Cardiac FailureHow long 5 hoursAre the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Spencer
Bel Alton
Dist.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Allison Day

CERTIFICATE OF DEATH

Died at ^{Town} Near Bolton ^{County} C.O. Charles MARYLAND

Date of death 1909 ^{Month} Nov ^{Day} 13 Age ^{Years} — ^{Months} 1 ^{Days} —

Sex Male Color or Race Colored Birth-place Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Irvin Day Father's Birthplace Md

Mother's Maiden Name Mary McPherson Mother's Birthplace "

Name of person giving Information Mary McPherson How related to deceased Mother

CAUSES OF DEATH

151

Primary Malassimilation How long one month

Immediate How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician None in attendance

Address Thos M McPherson

Accident Suicide Sub Reg

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		Drene Dunbar				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town <i>New Kent</i>	County <i>Charles</i>		MARYLAND		
	Date of death	1909	Month <i>Nov</i>	Day <i>3rd</i>	Years <i>23</i>	Months —	Days —
	Sex	<i>Female</i>		Color or Race	<i>colored</i>		
	Occupation	<i>cooking & house work</i>		Birth- place	<i>Charles Town</i>		
	Where Residing if not at place of death		<i>Washington, D.C.</i>				
	Married, Single or Widowed	<i>single</i>		Name of Wife or Husband			
	Father's Name	<i>Edward Dunbar</i>				Father's Birthplace	<i>Charles Town</i>
Mother's Maiden Name	<i>Ebbie Dunbar</i>				Mother's Birthplace	<i>Charles Town</i>	
Name of person giving Information	<i>Fred. Dunbar</i>				How related to deceased	<i>brother</i>	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;"> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">27</div> </div>							
PHYSICIAN OR CORONER	Primary	<i>Pulmonary tuberculosis</i>				How long	<i>Six months</i>
	Immediate	<i>Gradual wasting & failure of strength</i>				How long	
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>				Signature of Physician	<i>Thos. S. Owen M.D.</i>
						Address	<i>La Plata</i>
	Accident or Suicide?	<i>no</i>					<i>Ans</i>

W. F. Brown
L. R.

Name
in
Full

Mary Elizabeth Leyer
Town Pomonoke County Charl

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1909 Nov 30

Month

Day

Age

Years

Months

Days

TO BE ANSWERED BY
NEAREST FRIEND

Sex

Female

Color or
Race

Colored

Birth-
place

Ind

Occupation

Where Residing if not
at place of death

at Place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Meiden Name

Glenn Routh Leyer

Mother's
Birthplace

Ind

Name of person giving
Information

Albert Leyer

How related
to deceased

Father

CAUSES OF DEATH

Primary

Stomach trouble

Immediate

Stomach trouble

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

John P. Marshall

Pomonoke

Accident or Suicide

Ind

104

How long

1 year + 10 days

How long

1 year + 10 days

PHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Marshall T. Freeman

Town *Durbin* County *Charles*

Died at *Durbin* MARYLAND

Date of death 190 *9* Month *Nov.* Day *11* Age *29* Years *8* Months *8* Days

Sex *male* Color or Race *White* Birth-place *Ind*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Wm M Freeman* Father's Birthplace *Ind*

Mother's Maiden Name *Calvernie A. Lyon* Mother's Birthplace *Ind*

Name of person giving Information *M T Freeman* How related to deceased *Wife*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Chronic Brights Disease* How long *16 years*

Immediate *Hemiplegia & Coma* How long *2 1/2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *L. C. Carver*

Address *Princeton Ind*

Accident or Suicide *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Henley Hemsley

Town

County

MARYLAND

Date

of death

1909

Month

November

Day

14

Age

Years

102

Months

Days

Sex

male

Color or
Race

colored

Birth-
place

Chas. Co. Md.

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Unknown

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Caroline

How related
to deceased

daughter

CAUSES OF DEATH

179

Primary

Unknown

How long

Immediate

Unknown

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

none attending

Address

Chas. D Carpenter

Pisgah

Md.

Accident or Suicide

Sub-Registrar

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Elizer Jane Jackson* County *Charles*
Died at *Cross Roads* Town *Charles* MARYLAND
Date of death *1909* Month *Nov* Day *8* Age *26* Months Days
Sex *Female* Color or Race *Black* Birth-place *Ind*
Occupation *House work* Where Residing if not at place of death *()*
Married, Single or Widowed *Single* Name of Wife or Husband *()*
Father's Name *Robert Jackson* Father's Birthplace *Ind*
Mother's Maiden Name *Georgianna Gutrick* Mother's Birthplace *Ind*
Name of person giving Information *Robert Jackson* How related to deceased *Father*

CAUSES OF DEATH

Primary *Consumption* How long *27* *1 year*
Immadiate How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

James M. Wheeler
*Sub-Registrar*Accident or Suicide *()*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Jane Jackson* Town *Rock Point* County *Charles*

Died at *Rock Point*

Date of death *1909 November 3* Age *60* Months *11* Days *10*

Sex *female* Color or Race *white* Birth-place *Bryantown*

Occupation *housekeeping* Where Residing if not at place of death *Rock Point*

Merrid, Single or Widowed *married* Name of Wife or Husband *Wilfred Jackson*

Father's Name *Walter Jameson* Father's Birthplace *Bryantown*

Mother's Maiden Name *Julia Ann Parker* Mother's Birthplace *Bryantown*

Names of persons giving Information *Jos A Jackson* How related to deceased *Son*

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary *Gastritis* How long *3 m.*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. R. Hixdon,*
Address *Bayside.*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Sophia Jackson
 Died at *New Dorchester* ^{Town} *Chas.* ^{County}

MARYLAND

Date of death *1909* ^{Month} *Nov* ^{Day} *20* ^{Years} *57* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *Black* Birth-place *md*

Occupation *House mfc* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife or Husband *John Jackson*

Father's Name *Anthony Perry* Father's Birthplace *md*

Mother's Maiden Name *Martha Price* Mother's Birthplace *md*

Name of person giving information *John Jackson* How related to deceased *Husband*

CAUSES OF DEATH

27

Primary *Tuberculosis* How long *one to two yrs*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes approx*

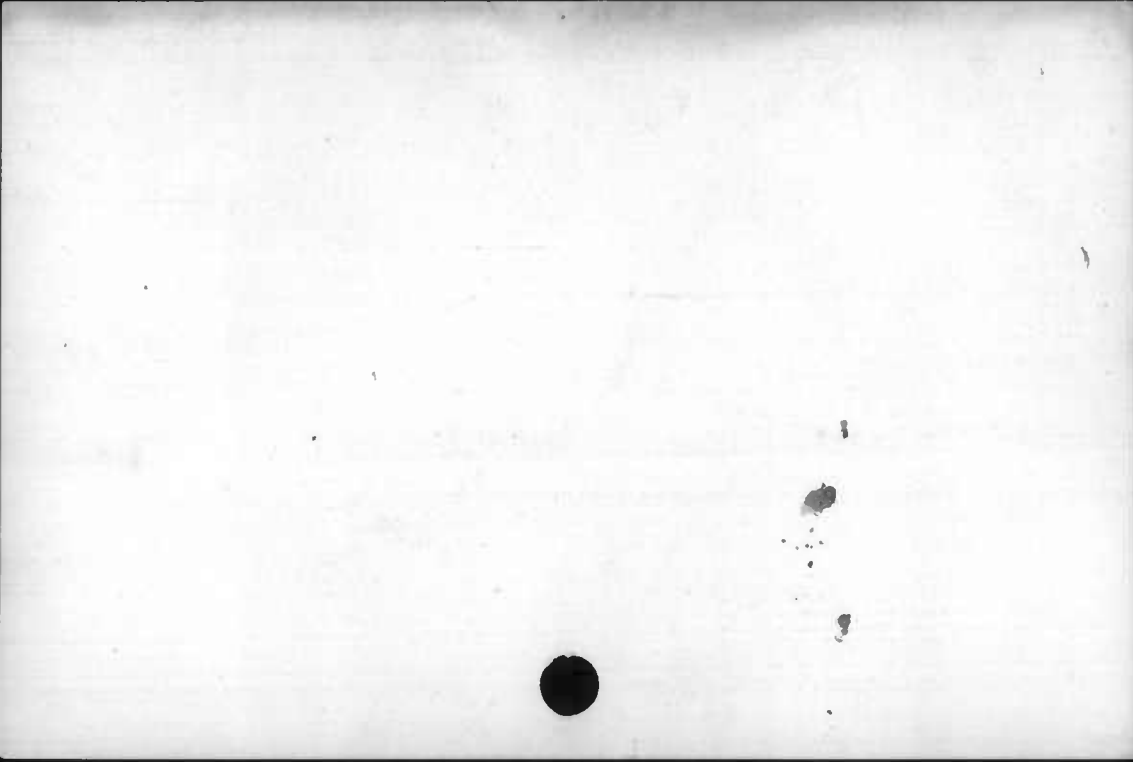
Signature of Physician

Address

Sam. B. Speake
Grayton md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Johnson* Town *Chicamuxen* County *Calchar*
Died at *Chicamuxen* *Calchar*
Date of death 1909 Nov 3 Age 40
Sex *Male* Color or Race *Colored* Birth-place *Ind.*
Occupation *Laborer* Where Residing if not at place of death _____
Married, Single or Widowed *Single* Name of Wife or Husband _____
Father's Name *Unknown* Father's Birthplace *Unknown*
Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*
Name of person giving Information *Andrew Johnson* How related to deceased *Brother*

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long *64*

Immediate

How long _____

Are the name, age, sex, color, date and place correctly given above?

Yes

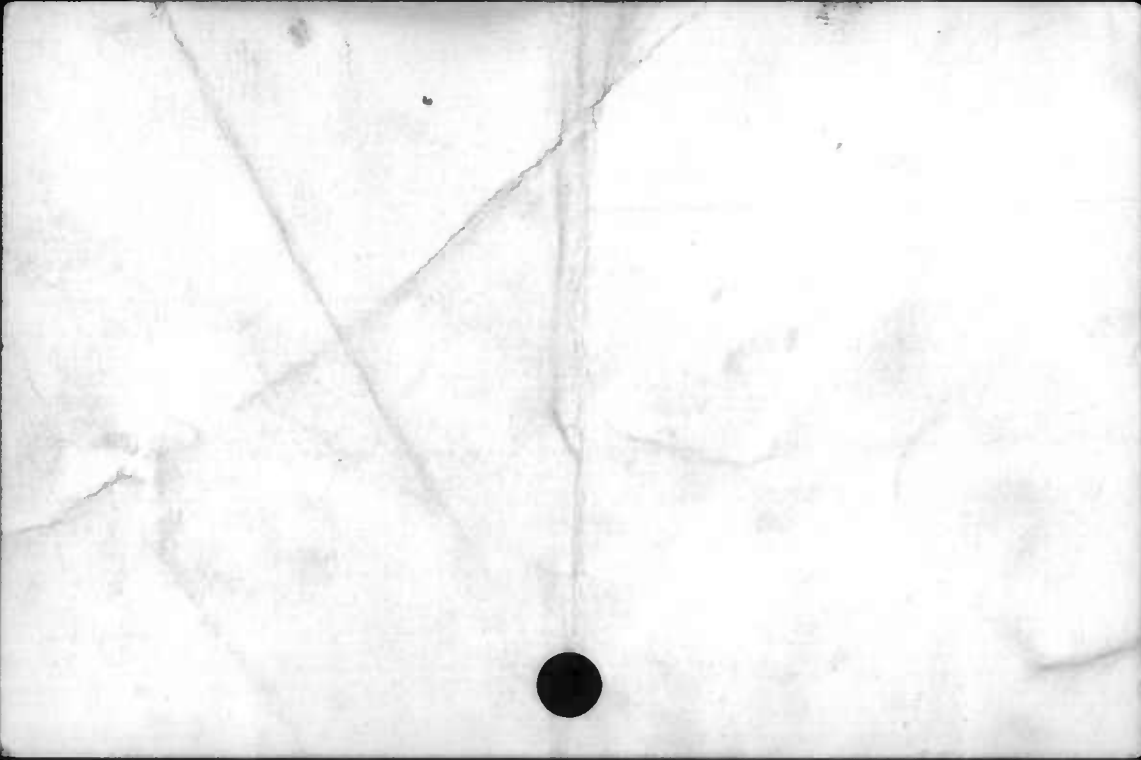
Signature of Physician

Address

*Geo. Q. Bicknell,
Pisgah
Ind.*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

John W. Johnson
Town County

MARYLAND

Died at Hughesville

Charles

Date of death 1907 11 21 Age 70

Sex male Color or Race Black Birth-place Md
Occupation Laborer Where Residing if not at place of death place of death

Married, Single or Widowed married Name of Wife or Husband Mary E. Johnson

Father's Name Baker Johnson Father's Birthplace Md
Mother's Maiden Name unknown Mother's Birthplace unknown

Name of person giving Information Joseph E. Baker How related to deceased none

CAUSES OF DEATH

47
How long 3 mo

Primary Rheumatism & heart disease

Immediate acute dilatation How long 1 day

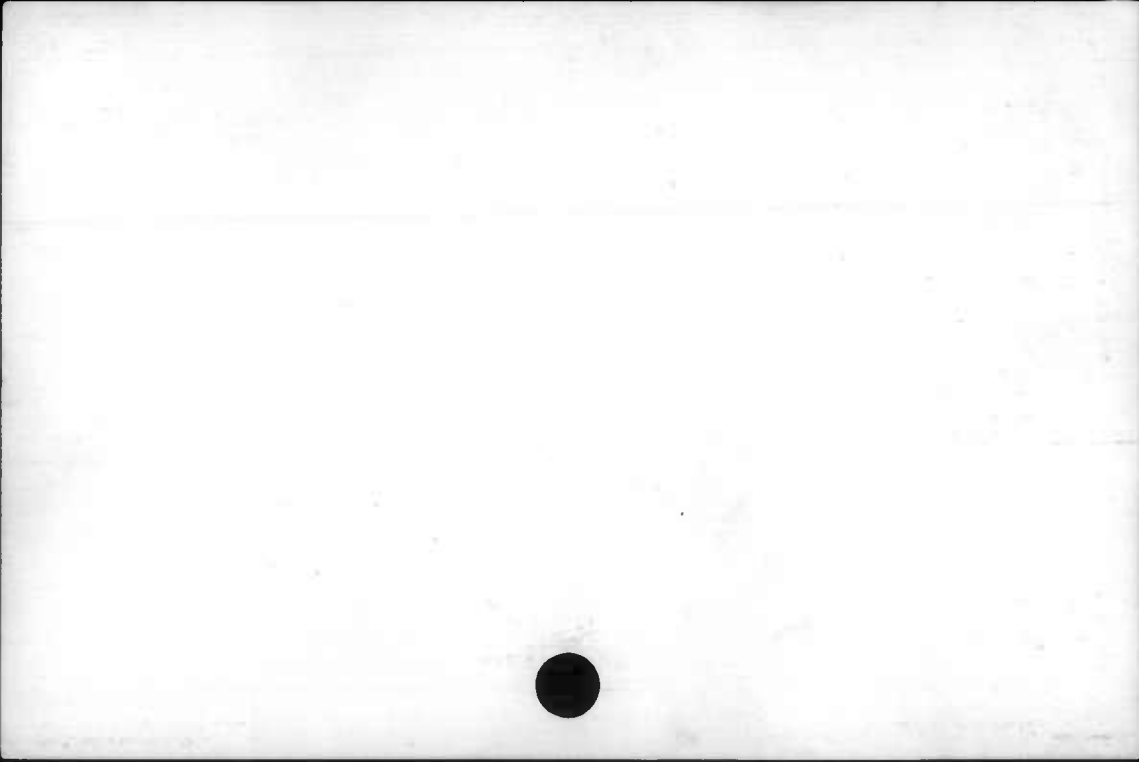
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician H. E. Hoppin
Address Hughesville Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		Maria Key				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Cedar Point Md		Chas County		
		Date of death		1909	Month 11	Day 14	Age	Years
		Sex		Female		Color or Race		Colored
		Occupation		None		Birth-place		Chas Md
		Where Residing if not at place of death						
		Married, Single or Widowed		Widow		Name of Wife or Husband		None Key
		Father's Name		George Brown		Father's Birthplace		Chas Md
Mother's Maiden Name		Unknown		Mother's Birthplace				
Name of person giving information		George Brown		How related to deceased		Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Paralysis		How long 1 yr		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
						Address		
Accident or Suicide?				W. F. Brawner		Sub Reg		

W F Brown
Genl Ray

Name
in
Full

Mary Elizabeth Lancaster

CERTIFICATE OF DEATH

Died at ^{Town} *Newport*^{County} *Charles*

MARYLAND

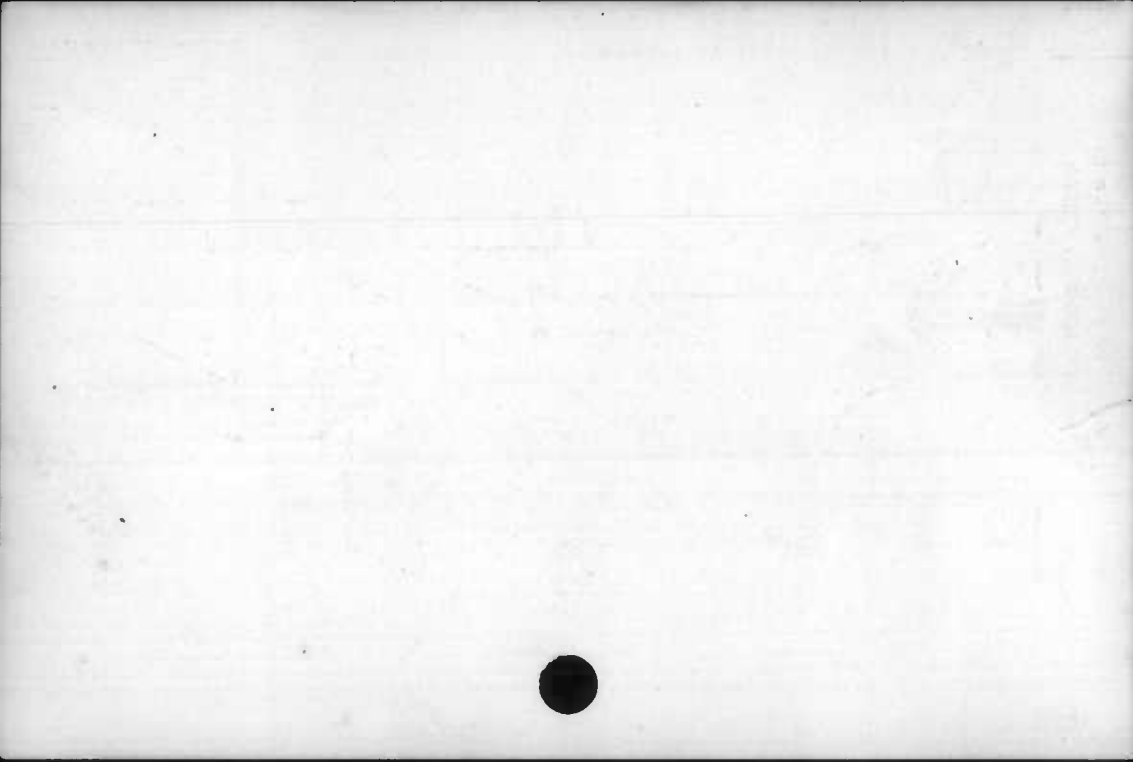
Date
of death *1909*Month *Nov.*Day *7*Age Years *67*Months *—*Days *—*Sex *Female*Color or
Race *Black*Birth-
place *Charles Co.*Occupation *Servant*Where Residing if not
at place of death *Newport, Md.*Married, Single
or Widowed *Married*Name of Wife or
Husband *George Lancaster*Father's
Name *Charles Campbell*Father's
Birthplace *Charles Co.*Mother's
Maiden Name *Mary Campbell*Mother's
Birthplace *Charles Co.*Name of person giving
in formation *George Lancaster*How related
to deceased *None*

CAUSES OF DEATH

27Primary *Tuberculosis*How long *5 years?*Immediate *Hemorrhages*How long *one day*Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician *J. E. Jamison M.D.*Address *Newport, Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Robert J. Lloyd		Town Hurbury		County Charles		State MARYLAND	
Died at		Month 11		Day 25		Years 71	
Date of death 1909		Age 71		Months —		Days —	
Sex Male		Color or Race White		Birth-place Maryland			
Occupation Farmer		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Jane F. Linniger					
Father's Name Gartharish Lloyd		Father's Birthplace Maryland					
Mother's Maiden Name Mary E. Hill		Mother's Birthplace Maryland					
Name of person giving Information Jane F. Lloyd		How related to deceased Wife					

CAUSES OF DEATH

Primary	Abscess of Lung	(99) How long	10 days.
Immediate	"	How long	" "

Are the name, age, sex, color, data and place correctly given above?

yes

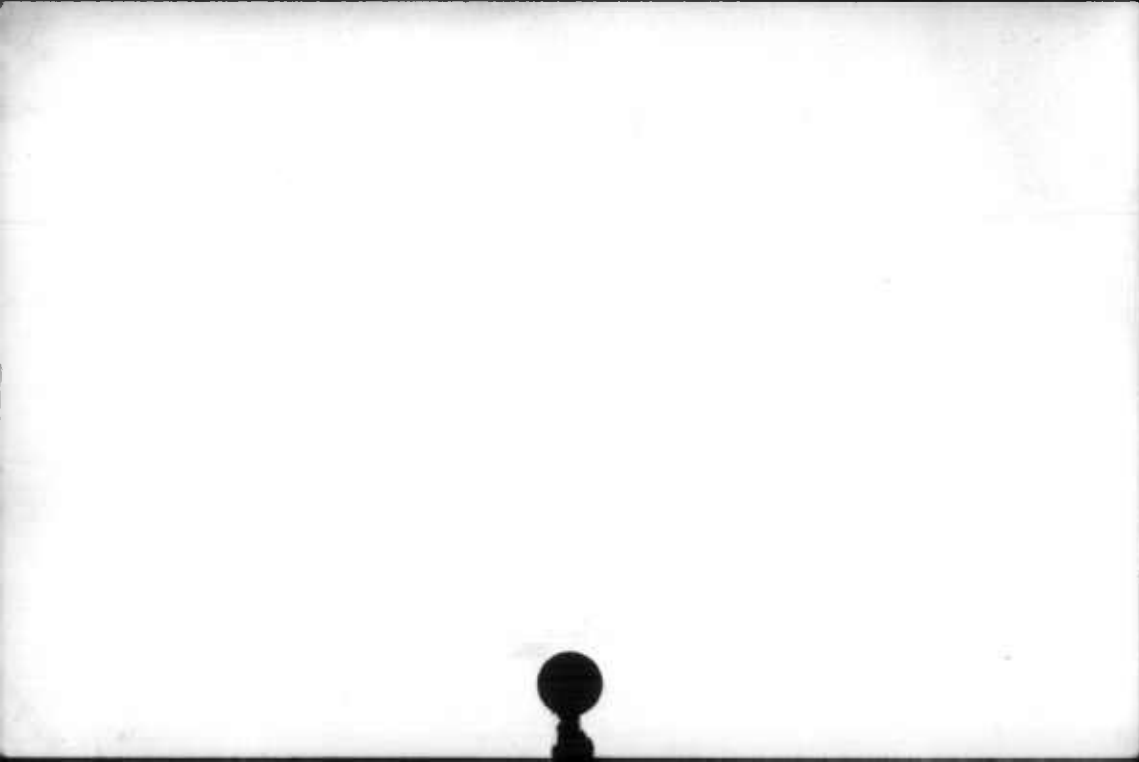
Signature of Physician

Address

J. L. Higdon
Hayfield
Mo!

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Logis Victor Platen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

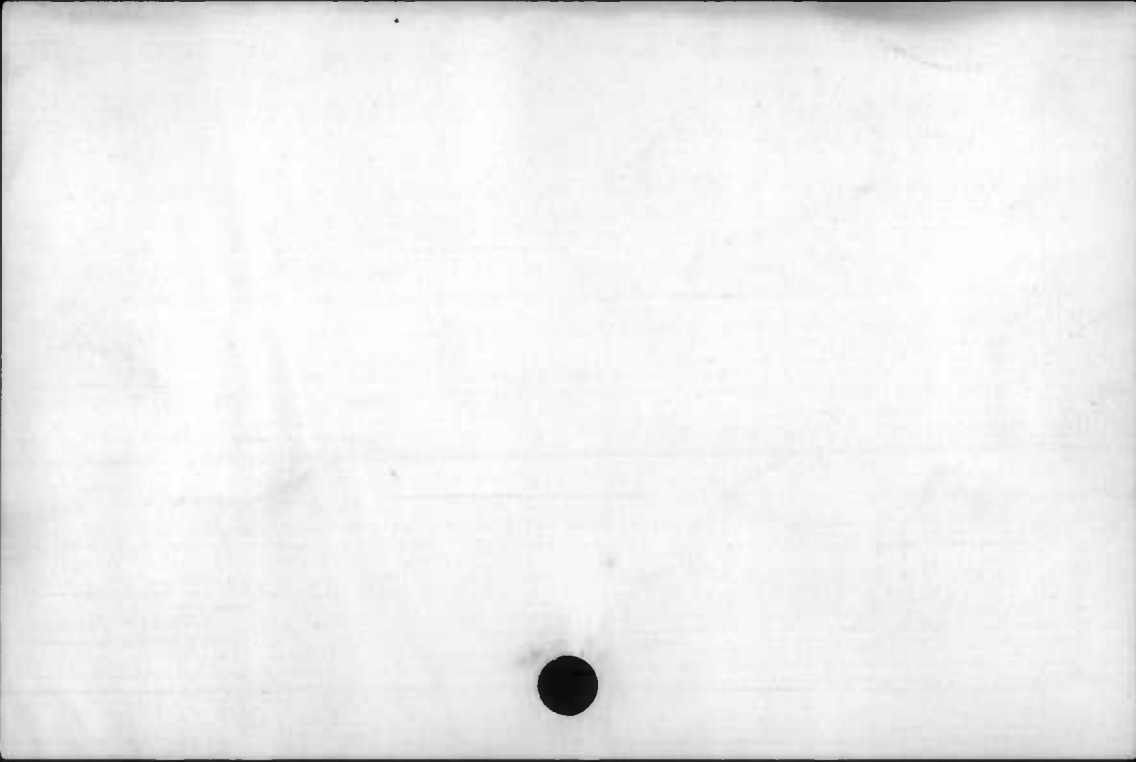
Died at		Town <i>Wicomie</i>		County <i>Charles</i>		MARYLAND	
Date of death		1909	Month <i>Nov.</i>	Day <i>27</i>	Age <i>in</i>	Months <i>6</i>	Days <i>16</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Wicomie</i>			
Occupation <i>_____</i>				Where Residing if not at place of death <i>Wicomie, Md.</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>Wesley Platen</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Eliza Campbell</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Father</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>Bronchial Pneumonia</i>	How long	<i>7 weeks</i>
Immediate	<i>Cardiac Failure</i>	How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. E. Johnson, M.D.</i>	
		Address <i>Newport, Md.</i>	
Accident or Suicide? <i>Accident</i>			



Name
in
Full

CERTIFICATE OF DEATH

Lawrence S. Speake
Town Chicamanen County Charles

MARYLAND

Died at

Date

of death

1909

Nov.

Day

16

Age

Years

3

Months

4

Days

Sex

Male

Color or
Race

American

Birth-
place

Charles Co. Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

James S. Speake

Father's
Birthplace

Chas. Co. Md.

Mother's
Maiden Name

Berula Groves

Mother's
Birthplace

Name of person giving
Information

James Speake

How related
to deceased

Father.

CAUSES OF DEATH

Primary

Diphtheria-Pneumonia

How long

12 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

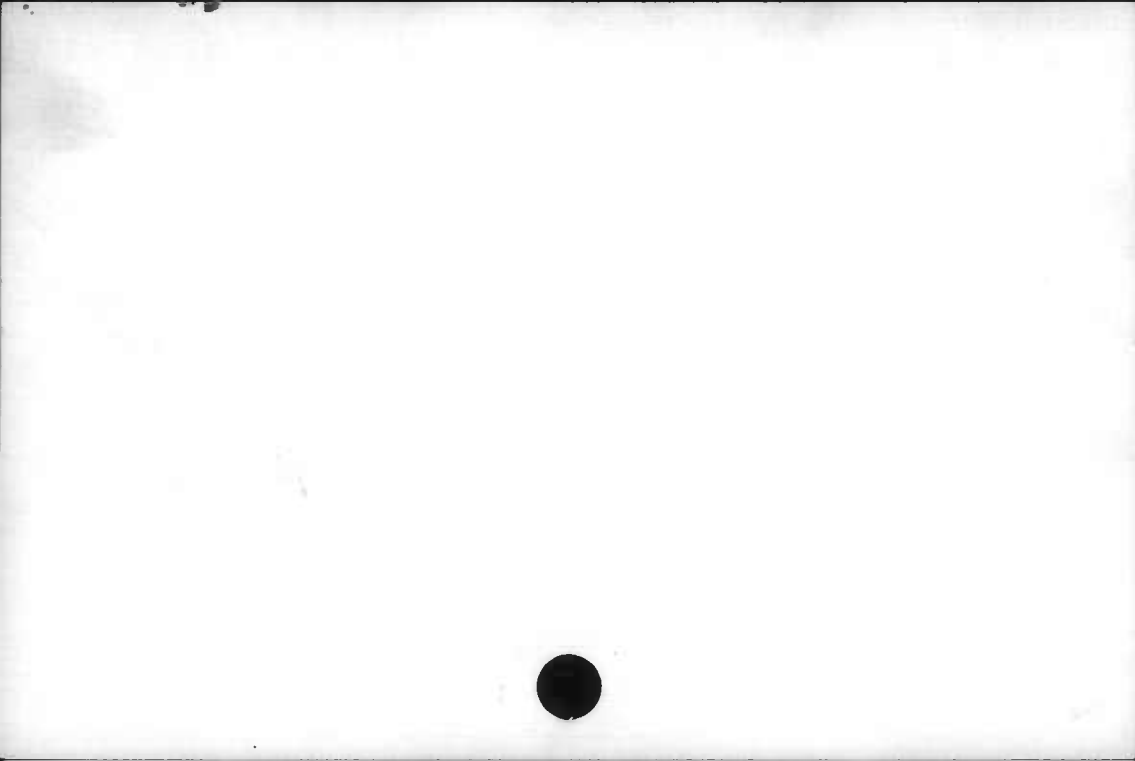
Address

Geo. C. Rickwell,
Pisgah,
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Mary Swann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Spring Hill Town Chesler County
 Date of death 1909 11 Month 15 Day Age Years Months Days
 Sex Female Color or Race W Birth-place md
 Occupation None Where Residing if not at place of death —
 Married, Single or Widowed S Name of Wife or Husband —
 Father's Name Julian Swann Father's Birthplace md
 Mother's Maiden Name — Mother's Birthplace md
 Name of person giving Information Julian Swann How related to deceased Father

CAUSES OF DEATH

Primary Marasmus How long Life time
 Immediate Heart Failure Aschemia How long 3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

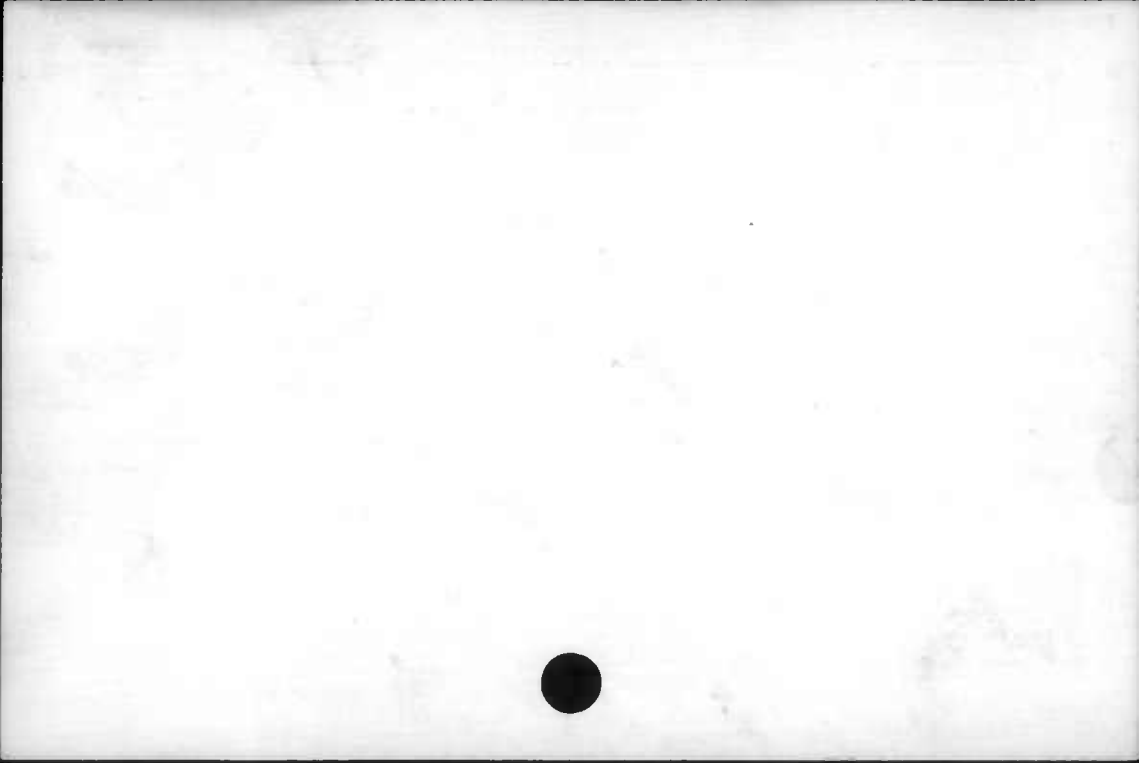
Address

Accident or Suicide

Yes

Samuel H. Stinson
La Plata
md

PHYSICIAN
OR CORONER



Name
in
Full

Albetta Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Poplar Creek* Town *Charles* County *MARYLAND*Date of death 1909 *Nov.* Month *8* Day *25* Age *25* Years *—* Months *—* DaysSex *Female* Color or Race *African* Birth-place *Charles C.*Occupation *Housewife* Where Residing if not at place of death *—*Married, Single or Widowed *Married* Name of Wife or Husband *Joe. Thomas*Father's Name *Louis Bruce* Father's Birthplace *Charles C.*Mother's Maiden Name *Hannetta Marshall* Mother's Birthplace *Charles C.*Name of person giving Information *Rose Justina Hayden* How related to deceased *Not at all*

CAUSES OF DEATH

Primary *Typhoid Fever* How long *30 days*
Heart Failure How long *for months*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *E. J. ...*Address *Bel Air Md*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Mary L. Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

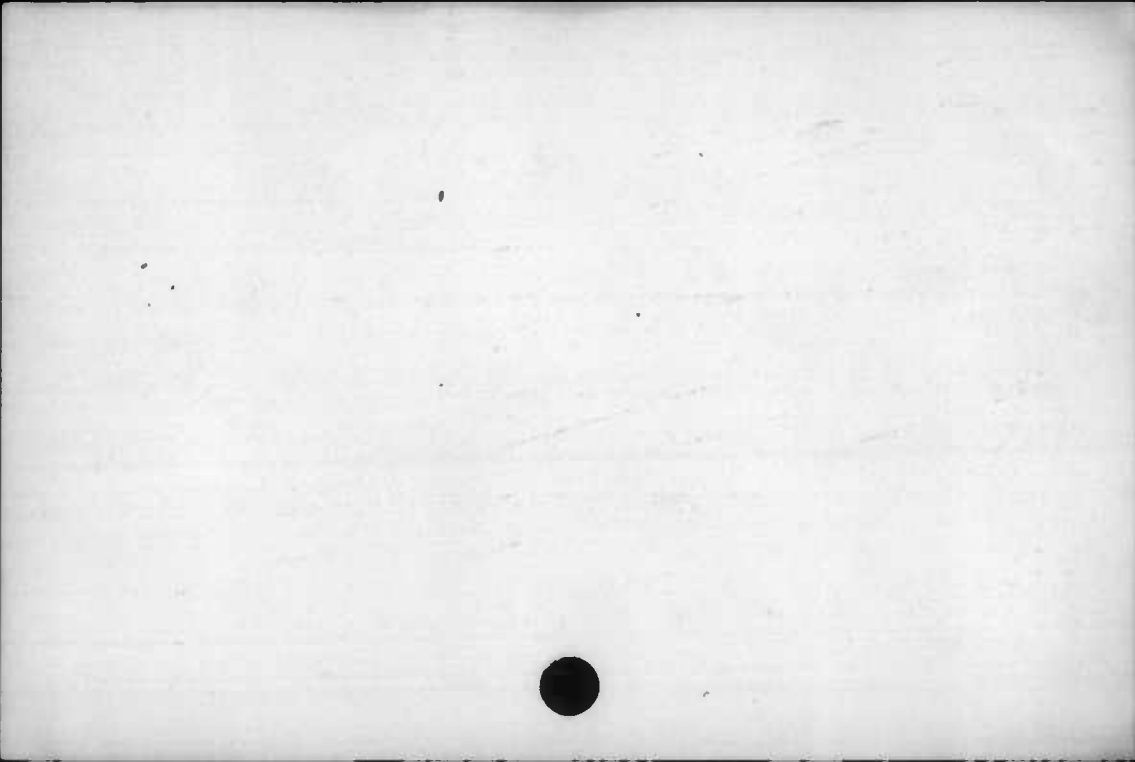
Died at		Town Newport		County Charles		MARYLAND	
Date of death	1909	Month Nov.	Day 16	Age 71	Years	Months	Days
Sex	Female		Color or Race	White		Birth- place	Newport, Md.
Occupation	House-work		Where Residing if not at place of death Newport, Md.				
Married, Single or Widowed	Widowed		Name of Wife or Husband	Mable J. Thompson			
Father's Name	Amos L. Thompson					Father's Birthplace	Md.
Mother's Maiden Name	Harriett Simms					Mother's Birthplace	Md.
Name of person giving In formation	R. L. Clements					How related to deceased	Son-in-law

CAUSES OF DEATH

85

PHYSICIAN
OR CORONER

Primary	Heart Failure		How long	7 years
Immediate	Hemorrhage		How long	5 minutes
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		J. E. Jamison M.D.		
Address		Newport, Md.		
Accident or Suicide?		Accident		



Name
in
Full

Ella Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bacon Town Cheset County MARYLAND

Date of death 1909 Nov Month 14 Day Age 21 Years Months Days

Sex Female Color or Race Colored Birthplace Ind

Occupation Housewife Where Residing if not at place of death at home

Married, Single or Widowed Married Name of Wife or Husband Ernest Washington

Father's Name George Golding Father's Birthplace Ind

Mother's Maiden Name Elizabeth Washington Mother's Birthplace "

Name of person giving Information Ernest Washington How related to deceased Husband

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Angiocarditis How long One Year

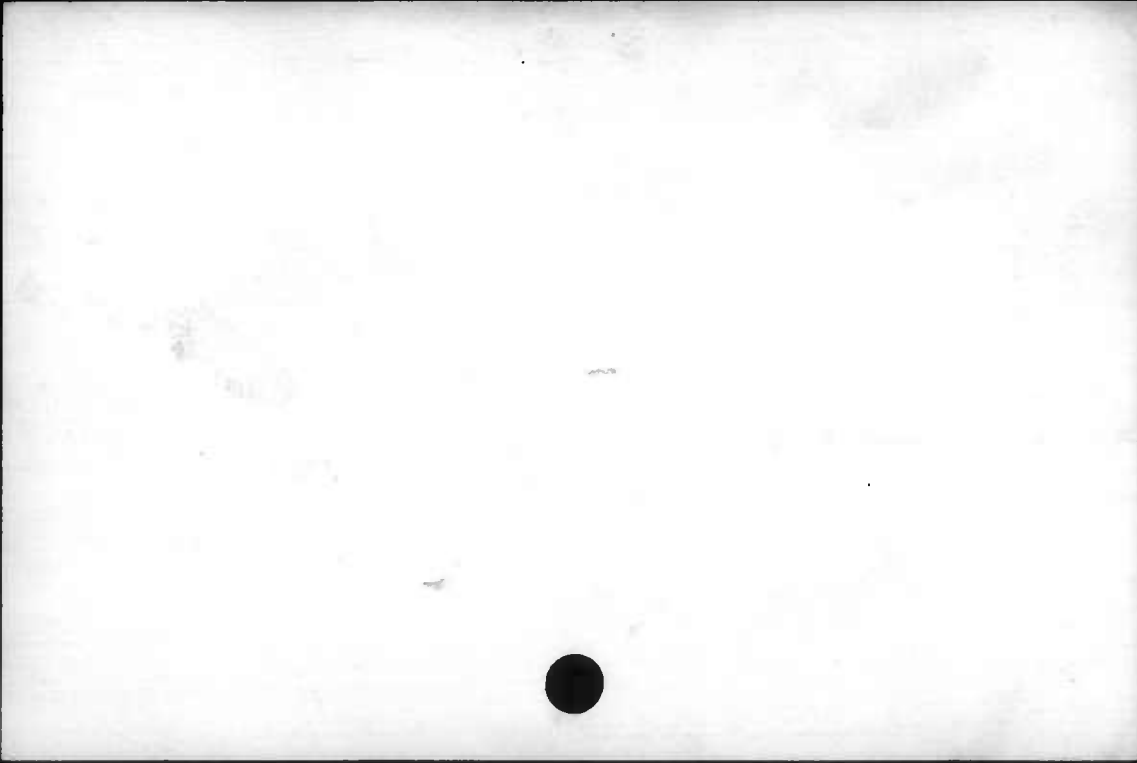
Immediate Chalazomycosis How long Two months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician E. A. Morris

Address Waco, Tex

Accident or Suicide No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	190	Month	Day	Age	Years	Months	Days
Sex	Female	Color or Race		Black		Birth-place	
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Harley Washington				Father's Birthplace		
Mother's Maiden Name	Edith Richardson				Mother's Birthplace		
Name of person giving information	Harley Washington				How related to deceased		

CAUSES OF DEATH

72

PHYSICIAN
OR CORONER

Primary	Scholarship (Lump sum)		How long	17 weeks
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		E. H. Speake		
Address		Washington Md		
Accident or Suicide?				

17
678

Name
in
Full

Thomas Winters

CERTIFICATE OF DEATH

Died at ^{Town} *Port Tobacco*

County

Charles

MARYLAND

Date of death *1909* ^{Month} *Nov* ^{Day} *17*Age ^{Years} *85*

Months

Days

Sex *male*

Color or Race

colored

Birth-place

Charles Co

Occupation

family a farmer

Where Residing if not at place of death

Married, Single or Widowed

married

Name of Wife or Husband

Gennie Winters

Father's Name

Dont know

Father's Birthplace

Charles Co

Mother's Maiden Name

Dont know

Mother's Birthplace

Charles Co

Name of person giving information

Benjamin Davis

How related to deceased

not related

CAUSES OF DEATH

154

Primary

General debility due to old age

How long

fifty four years

Immediate

renal exhaustion heart failure

How long

week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

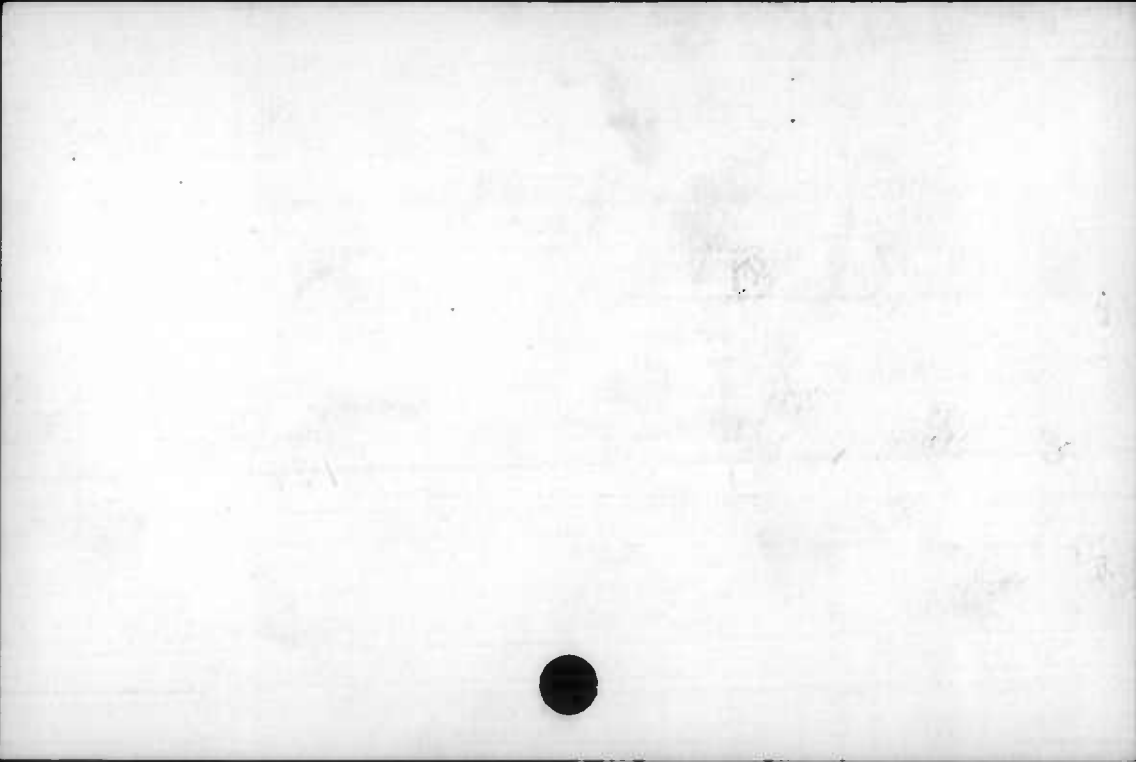
Thos. S. Owen

Address

La Plata

Accident or Suicide?

*no**md*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Andrew Wood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bury</i> Town		<i>Chase</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>Nov</i>	Day <i>4</i>	Age <i>no</i>	Months <i>5</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Thomas Wood</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Leven Bruce</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Thomas Wood</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

60

PHYSICIAN
OR CORONER

Primary	<i>Cerebritis</i>	How long	<i>+ months</i>
Immediate	<i>Exhaustion</i>	How long	<i>Short</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>G. O. Moore</i>	
		Address <i>Woods</i>	
Accident or Suicide? <i>—</i>			

